

**Statement of Ranking Member Tom Udall
Indian Health Service FY 2020 Budget Hearing
Wednesday, May 1, 2019**

I'm proud that this subcommittee has made major investments in Tribal health care over the past several years—including increasing the Indian Health Service budget by 25 percent since fiscal year 2015.

A lot of that credit is due to the leadership of our chairman, Senator Murkowski, and I have been honored to fight for funding alongside her as ranking member of this subcommittee. I'm proud of our funding accomplishments, but clearly there is more work to do in fiscal year 2020.

With that in mind, I must note my concern that we are beginning work on fiscal year 2020 appropriations bills without the benefit of a budget agreement.

While I'm confident that Congress will ultimately negotiate a budget deal to prevent a devastating repeat of sequestration, it's imperative we put a budget deal in place that provides increased topline spending levels. Without a deal in place, we cannot move forward with funding essential agencies – like the Indian Health Service – and ensure that we continue to make good on our nation's trust and treaty obligations to Native Americans.

And that is all the more ironic because, while the overall Trump budget is lacking, the budget request for the Indian Health Service actually puts forward important investments that we ought to enact into law.

I'm happy to see a better budget request this year than we have seen in recent years from this administration. The request:

- Fully funds contract support costs and staffing for newly constructed health care facilities,
- Expands clinical care programs and access to substance abuse and mental health treatment,
- Proposes beginning a new Community Health Aide Program to train para-health professionals in the lower 48 states – just as I-H-S currently does in Alaska, and
- Asks for resources to continue integrating newly Federally recognized Tribes into the Indian Health Care System and for the administration's initiative to reduce HIV and Hepatitis-C infections -- two preventable and treatable diseases that disproportionately impact Native populations

The budget request also includes \$25 million dollars to initiate replacement of the Service's electronic health records system -- a down-payment on what is likely a multi-billion dollar investment for a long overdue project Tribes and Congress have been concerned about for years.

These proposals – combined with the 2 percent increase overall for the agency and the 4 percent increase for medical services programs – are certainly a step in the right direction. But the overall budget still falls short of meaningfully addressing the healthcare needs of Indian Country. And, I’m concerned by some of the tradeoffs, cuts, and false choices that are proposed in the budget.

Funding for health education is eliminated entirely. And urban Indian programs are cut by 5 percent.

Line-item construction is slashed by one-third -- a retreat from important investments that this Subcommittee has made over the last few years. I reject the notion that cutting construction makes any kind of sense when:

- Some of these projects – like the replacement of the Gallup Indian Medical Center in New Mexico – have been on the priority list for nearly three decades, and
- There are more than two billion dollars’ worth of construction projects in total on the current priority list—and billions more in additional facility needs once those are completed.

I am also disappointed that the budget does not continue the \$10 million dollars for Tribal grants to combat opioid addiction that were funded by this Subcommittee in fiscal year 2019.

And, although some new funding is devoted to recruitment and retention incentives like special pay authorities and housing subsidies, the budget request cuts funding for scholarship and loan repayment programs by nearly one-quarter, or \$14 million. Even though the Service’s inability to recruit and retain health care professionals is a major reason why the agency has been part of the GAO High Risk list for the past several years.

Another Administrative proposal related to recruitment and retention in the budget asks to expand the use of Title 38 authorities used by the Veterans Administration at I-H-S. In previous years, this Subcommittee has encouraged you to make use of incentive programs like those found in Title 38.

But, this year’s legislative request proposes access to a much broader set of authorities. We need to fully understand what impact these authorities would have on the workplace rights of employees.

The administration’s request would also cut funding for the Community Health Representatives program by 60 percent, in part to help pay for the proposal to establish the new Community Health Aide program.

Tribes in New Mexico and across the country use this program to provide front-line health education and wellness services. And to transport patients in my state to doctors’ appointments that can be hundreds of miles away from tribal members’ homes.

We should not cut the Community Health Representative Program to fund the Health Aide program when both programs fill different—but important—gaps in health care service in Indian Country.

There are other challenges that the Service faces that we need to address.

I want to hear from the Service about what steps the agency has taken to protect Indian Country from horrifying misconduct like that of Stanley Patrick Weber, who was convicted of assaulting young patients over the course of several decades while serving as an I-H-S pediatrician.

As part of that, I expect the Service to discuss the steps it is taking to improve its employee screening and credentialing system. And to ensure that any workplace incidents are properly reported and documented. Employees with histories of egregious misconduct must not slip through the cracks.

And, finally, given the recent partial government shutdown and the potential for ongoing uncertainty during the fiscal year 2020 budget cycle, I look forward to having the opportunity to discuss advance appropriations with you, Admiral Weahkee.

Even though a few months have passed, I want to make sure that Indian Country knows that we have not forgotten the hardships caused by the government shutdown earlier this year.

I saw what happened in New Mexico. And I heard from Tribal members across the country about the terrible price of the 35-day lapse in funding.

Whether it was medical providers working without pay, urban organizations forced to cut services and even close their doors, or Tribes struggling to keep ambulance services running -- the impacts of the shutdown were far reaching and caused enormous suffering.

I want to make sure that Tribes never have to worry again whether basic health services will be provided in the event of a shutdown.

That's why I was proud to introduce legislation – the Indian Programs Advance Appropriations Act – that would provide funding certainty for the Indian Health Service and Bureau of Indian Affairs by allowing their budgets to be funded a year in advance.

I know that my colleague, Senator Murkowski, has sponsored similar legislation in past Congresses and has been a leader on this issue.

I'm hoping that we can work together on a bipartisan basis to pass legislation to authorize advance appropriations. And I look forward to working together on this critical goal.

Admiral Weahkee, I look forward to hearing your testimony.